

DATE RECEIVED _____ APPLICANT INTERVIEW DATE _____

**KINGSTON SPRINGS PLANNING DEPARTMENT
CONCEPT REVIEW APPLICATION**

PHONE: (615) 952-2110 FAX: (615) 952-2397 – PLANNING OFFICE FAX (615) 792-8872
<http://www.kingstonsprings.net/>

INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA
(Note: An incomplete application WILL delay the approval process.)

PROPERTY OWNER: _____ PHONE: _____
ADDRESS: _____
SUITE/APT: _____

PROPERTY ADDRESS: _____
MAP # _____ PARCEL #: _____
SUBDIVISION: _____ BLOCK: _____
LOT: _____
PROPERTY ZONING: _____ FLOOD ZONE: _____
IN GROWTH PLAN: _____

APPLICANT: _____ PHONE: _____
ADDRESS: _____

DESCRIPTION OF WORK:

I HEREBY CERTIFY THAT I HAVE COMPLETED, READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES, POLICIES AND PROCEDURES GOVERNING THIS WORK SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. ALL PARTIES INVOLVED IN THIS WORK SHALL COMPLY WITH ALL PROVISIONS OF LOCAL, STATE AND FEDERAL LAWS, ORDINANCES, POLICIES, PROCEDURES AND REGULATIONS. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LOCAL, STATE OR FEDERAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. UPON PAYMENT OF ALL FEES, THIS APPLICATION BECOMES PART OF THE BUILDING PERMIT. THE PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS, OR IF THE WORK IS SUSPENDED OR ABANDONED FOR A CONTINUOUS PERIOD OF ONE YEAR (EIGHTEEN MONTHS FOR STRUCTURES LARGER THAN 4000 SQ. FT.) AT ANY TIME AFTER INITIAL COMMENCEMENT OF THE WORK. A NEW PERMIT AND APPLICABLE FEES ARE REQUIRED IN THESE CASES.

IF THE APPLICANT IS NOT THE PROPERTY OWNER A NOTARIZED STATEMENT DESIGNATING A LEGALLY AUTHORIZED AGENT IS REQUIRED BEFORE APPLICATION APPROVAL OR ISSUANCE OF A PERMIT.

SIGNATURE:_____ DATE:_____

____OWNER ____AUTHORIZED REPRESENTATIVE

SUBMIT TOGETHER WITH APPLICABLE EVIDENCE OF:

____CURRENT DEED
____SITE PLAN (CAN DRAW ON PAGE 3 OR PROVIDE ATTACHMENT)
____NOTARIZED REPRESENTATIVE STATEMENT (IF APPLICABLE)

****IF APPLICANT GOES BEFORE THE PLANNING COMMISSION -10 COPIES OF PRELIMINARY /FINAL PLAT AND/OR SITE PLAN WITH APPROVED CONCEPT REVIEW ATTACHED ARE DUE AT THE TIME APPLICATION IS SUBMITTED.**

PLAT REC'D_____ PLAT REV'D_____ PLAT APPRV'D_____

SUBMIT THE FOLLOWING ONLY IF APPLICABLE TO YOUR REQUEST:

____SUBSURFACE WASTE DISPOSAL PLAN & CERTIFICATE (SEPTIC TANK PERMIT)
____SEWER CONNECTION PERMIT
____DRIVEWAY CONNECTION PERMIT
____CONSTRUCTION PLANS
____SURVEY BOUNDARY & LEGAL DESCRIPTION

CONTRACTOR:_____ PHONE:_____
ADDRESS:_____

ARCHITECT:_____ PHONE:_____
ADDRESS:_____

ENGINEER:_____ PHONE:_____
ADDRESS:_____

CONSTRUCTION VALUE: \$_____
SQUARE FEET: _____(RESIDENTIAL)
HEATED: _____(\$.70 PER SQ. FT.) UNHEATED: _____(\$.30 PER SQ. FT.)

CLASS OF WORK:
____NEW ____ADDITION ____ALTERATION ____REPAIR ____FRAMING
____INTERIOR WALLS ____PLUMBING ____HVAC
____SINGLE FAMILY DWELLING ____MULTI-FAMILY RESIDENTIAL
____COMMERCIAL ____OTHER

**SITE PLAN *INCLUDE DRIVEWAY, STRUCTURE, UTILITY
(SEPTIC, ELECTRIC, WATER, SEWER, ETC) LOCATIONS,
AND SETBACKS ON THIS SKETCH.**

